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EIGHTY-FIRST ANNUAL REPORT
OF
THE TRUSTEES
OF THE
WORCESTER STATE HOSPITAL,
AND
THIRTY-SIXTH ANNUAL REPORT OF THE TRUSTEES
OF THE
WORCESTER STATE ASYLUM AT WORCESTER,
FOR THE
YEAR ENDING NOVEMBER 30, 1913.



BOSTON:
WRIGHT & POTTER PRINTING CO., STATE PRINTERS,
32 DERNE STREET.
1914.

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Mass. Officials

APPROVED BY
THE STATE BOARD OF PUBLICATION.

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OFFICERS OF THE HOSPITAL.

TRUSTEES.

GEORGE F. BLAKE,	WORCESTER.
LYMAN A. ELY,	WORCESTER.
T. HOVEY GAGE,	. . . . .	WORCESTER.
THOMAS RUSSELL.	. . . . .	BOSTON.
CARRIE B. HARRINGTON,	. . . . .	WORCESTER.
GEORGIE A. BACON,	. . . . .	WORCESTER.
SAMUEL B. WOODWARD,	. . . . .	WORCESTER.

RESIDENT OFFICERS.

ERNEST V. SCRIBNER, M.D.,	. . . . .	<i>Superintendent.</i>
RAY L. WHITNEY, M.D.,	. . . . .	<i>First Assistant Physician.</i>
GEORGE A. McIVER, M.D.,	. . . . .	<i>Assistant Physician.</i>
CORNELIA B. J. SCHORER, M.D.,	. . . . .	<i>Assistant Physician.</i>
HENNING V. HENDRICKS, M.D.,	. . . . .	<i>Assistant Physician.</i>
WALLACE L. ORCUTT, M.D.,	. . . . .	<i>Assistant Physician.</i>
HAROLD C. AREY, M.D.,	. . . . .	<i>Assistant Physician.</i>
ROY C. JACKSON, M.D.,	. . . . .	<i>Assistant Physician.</i>
IDA A. McNEIL,	. . . . .	<i>Superintendent of Nurses.</i>
MULFORD H. CENTER,	. . . . .	<i>Steward.</i>
MARY F. DUDLEY,	. . . . .	<i>Matron.</i>
JOSEPH T. REYNOLDS,	. . . . .	<i>Farmer.</i>

NONRESIDENT OFFICERS.

MARY E. MORSE, M.D.,	. . . . .	<i>Assistant Pathologist.</i>
HOWARD BEAL, M.D.,	. . . . .	<i>Consulting Surgeon.</i>
WALTER W. CAMPBELL, D.D.S.,	. . . . .	<i>Dentist.</i>
GEORGE E. PARESEAU,	. . . . .	<i>Druggist.</i>
GEORGE L. CLARK,	. . . . .	<i>Auditor.</i>
JESSIE M. D. HAMILTON,	<i>Clerk.</i>
JAMES DICKISON, JR.,	<i>Engineer.</i>

THE UNIVERSITY OF CHICAGO

1911

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The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital herewith respectfully submit their eighty-first annual report. The reports of the superintendent and treasurer are hereto appended, giving full details of the admission, transfer and discharge of inmates, and of the finances of the hospital.

An appropriation of \$84,000 granted by the Legislature of 1912 for a building for 100 men has been nearly expended, and the building is substantially finished and partly occupied. The purchase of land authorized by the same Legislature has been effected, and changes in and finishing off the upper Salisbury ward have been nearly completed. Two elevators, authorized by an appropriation of the same year, have been bought and installed.

With the appropriations granted by the Legislature of 1913, the trustees have begun the finishing and furnishing of the old farm house and the finishing and furnishing of the attic of the female nurses' home. The cottage for employees, authorized by the same Legislature, is one-half built.

The Legislature of 1913 appropriated \$7,500 for a new sewer pipe line. The act provided that no part of that amount should be used or expended until the State Board of Health shall certify to the Auditor that the area of filter beds for the purification of the sewage of Worcester has been enlarged to an extent necessary to filter the sewage to be discharged from the hospital, and that in their opinion Worcester has taken or is taking such action, in relation to the purification of its sewage, that it is desirable from the point of view of the public health to connect the hospital with the city's system. As the trustees have not received the necessary certificate from the State

Board of Health, no part of the appropriation has been expended, and the condition which the appropriation was intended to relieve still exists, aggravated by the delay of another year.

It is now nearly ten years since the question of proper disposal of the hospital's sewage has been brought to the attention of the Legislature by the trustees. The situation calls for some action, and the trustees recommend that the most satisfactory solution will be to connect at once the hospital system with the city's system. In this connection the trustees would call attention to the fact that many years ago the Commonwealth permitted the city of Worcester to construct certain streets over its land in return for permission to enter the hospital's sewage into the city's system. We are advised by the Attorney-General that the provisions of Statute 1888, chapter 435, section 1, as amended by Statute 1888, chapter 444, section 1, are in full force and effect. While the trustees of the hospital have not petitioned the city of Worcester to extend its system to the hospital grounds, the city of Worcester nevertheless has made such extension and there seems to be no difficulty in immediate connection of the two systems, provided the necessary appropriation is given. The trustees feel that in permitting the present conditions to continue, the Commonwealth is itself doing that which it would not permit any of its citizens to do. We therefore again respectfully urge that an appropriation be granted which will enable the sewage of the hospital to be turned into the sewers of the city of Worcester.

We renew our request for an appropriation to provide for congregate dining rooms for the inmates of the hospital. Such dining rooms will remove from the wards dining rooms which are now inadequate in size and equipment, and will relieve the ward of the confusion and disorder which results from trying to combine dormitory, day room and eating facilities. It will also improve service of meals and enable the attendants on the wards to devote themselves entirely to the care of their patients and of their wards, without the inconvenience of trying to serve meals at the same time. We believe in this way that the comfort of both patients and attendants will be greatly increased. The space now occupied by the ward dining rooms will become immediately available to relieve the overcrowding of the wards and provide sleeping accommodations for patients.

Plans looking toward this end have already been submitted to the State Board, and we ask an appropriation of \$100,800.

We repeat what we have said in the past years about the necessity of providing suitable accommodations for the growing number of employees. In order to secure and retain competent help, we must make adequate provision for their comfort. They cannot be expected to live contentedly on the wards, or in overcrowded and inadequate quarters. We desire to increase the number of married employees, and we therefore ask for an appropriation of \$19,000 permitting us to build two cottages, each to contain a tenement for an employee's family and dormitory overhead for single employees, and \$13,800 for two small bungalows, each to contain provisions for an official and his family.

The economical administration of the hospital increasingly requires the installation of an adequate cold-storage plant, and we ask an appropriation for this purpose of \$50,400.

The superintendent's report contains recommendations concerning an increase in the number and pay of our employees. The trustees desire to indorse these recommendations and especially to urge the importance of the following considerations: —

1. While the trustees fully appreciate that the hospital must receive persons legally committed or transferred to it and the great pressure upon the Commonwealth to find provision for its insane, they deplore the tendency to overcrowd the hospital. They believe that this overcrowding impairs the efficiency, both of employees and officers, and does not promote the welfare of the inmates.

2. For the reasons already stated we strongly urge provision for congregate dining rooms.

3. We ask for an appropriation which will enable us at all times to secure an adequate force of attendants and employees.

4. We advocate a scale of wages whereby those who remain long in the institution can look forward to increased pay. We can thus secure permanent help; we also believe that the compensation of our staff should be increased.

It will be noticed that all the foregoing recommendations look not towards the enlargement of the present plant but to perfecting it.

The trustees extend to the superintendent, members of the staff, the matron, steward, superintendent of nurses, supervisors, nurses, attendants and employees their thanks for faithful service.

Respectfully submitted,

GEORGE F. BLAKE.

LYMAN A. ELY.

T. HOVEY GAGE.

THOMAS RUSSELL.

CARRIE B. HARRINGTON.

GEORGIE A. BACON.

SAMUEL B. WOODWARD.

Nov. 30, 1913.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1913, it being the eighty-first annual report.

There remained at the hospital Oct. 1, 1912, 1,300 patients, — 634 men and 666 women. During the year ending Sept. 30, 1913, there were admitted 728 patients, — 397 men and 331 women. Six hundred and ninety-eight patients — 372 men and 326 women — were dismissed from the hospital. Of this number, 261 patients — 149 men and 112 women — were discharged; 185 patients — 98 men and 87 women — died; 75 patients — 31 men and 44 women — were transferred; and 177 patients — 94 men and 83 women — left on visit or escape; leaving at the end of the statistical year, 1,330 patients, — 659 men and 671 women. Of this number, 1,085 were supported by the State, 131 by friends, and 114 as reimbursing patients. Of the 336 patients discharged and transferred, 75 (including 1 habitual drunkard, woman) were reported recovered, 68 capable of self-support, 42 improved and 69 not improved. Four men and 3 women were discharged as not insane. Twenty men were transferred by the State Board of Insanity to the Gardner State Colony; 2 men and 5 women to the Danvers State Hospital; 3 men and 1 woman to the McLean Hospital; 3 women to the State Infirmary; 1 man and 2 women to the Worcester State Asylum; 1 man to Taunton State Hospital; 1 woman to the Boston State Hospital; 1 woman to the Northampton State Hospital; 1 woman to the Medfield State Asylum; and 1 man to the Westborough State Hospital. Thirty-eight men and 16 women were removed from the State, and 3 men and 30 women were boarded out.

There remained at the end of the year 30 patients more than at the beginning. The smallest number under treatment on

any one day was 1,294, and the largest, 1,384. The daily average number was 1,346.75.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 16.8; calculated upon the number of admissions it was 10.3.

The death rate was 9.1, calculated on the whole number of patients under treatment, and 13.7, calculated on the daily average number.

Some cases of dysentery have continued to occur during the summer, despite the adoption of vigorous sanitary measures. The laboratory still has this problem under investigation. A few cases of acute contagious disease have occurred, but in each instance a rigid quarantine checked any spread of contagion and no fatalities have occurred from this cause. The physicians have been active in medical attention, the record of the pharmacy shows an average of over 1,500 prescriptions per month.

In considering the admissions it would seem that we have been receiving more cases than formerly where the diagnosis was doubtful—more border line cases. The outside physicians in some localities are becoming more alive to the mental conditions in the community and realize that the hospital is a place for treatment and observation rather than of simple incarceration.

It is interesting to note that more than half of the patients admitted were foreign born, and that this ratio is somewhat higher than that of last year. Heredity was the greatest probable cause, with syphilis and alcohol, following in the order named, of almost equal importance. When we come to consider the forms of insanity in those admitted, we find that by far the greater number had dementia præcox, followed by senile dementia, alcoholic insanity and general paralysis.

A liberal policy has been adopted in regard to visits on leave of absence. An effort has been made to shorten the hospital residence of patients as much as possible. In all cases where the mental condition has permitted and opportunity offered patients have been allowed to return home on visit. Some have had to come back, but the majority have done well.

Considerable work has been accomplished in the line of in-

dustrial therapeutics. In our men's industrial room have been manufactured the brooms and brushes used in the institution. A large amount of furniture has been repaired, baskets made and many other articles of domestic use produced. The women do work in bookbinding, make rugs, baskets, trim hats, do sewing, embroidery and a lot of miscellaneous work. Many of these patients have been taken from the disturbed wards and an effort is being made to re-educate them in the ways of a more orderly method of life. At the last Christmas season a large exhibit was made here of articles manufactured by patients in this and other institutions. This exhibit was visited by over a thousand people.

It is proposed to add to our working staff a director of industrial therapeutics. This person, preferably a woman, should have charge of the therapeutic industrial activities of the whole institution. It should be her duty to lay out and direct the work and to inspire in her subordinates a proper and diligent application and in her patients an interest and enthusiasm for the work.

But for the drastic cut in our maintenance request for last year, a social service worker would be now in service. Considerable social service work has been done by various members of our medical staff, but they have not been able to give sufficient time to this work to fully meet the needs of the situation. A specially trained social service worker should be added to our staff as soon as a suitable person can be found to fill the place. Since October 1 a eugenics worker, furnished by the Eugenics Record Office, Cold Spring Harbor, Long Island, New York, has been at the institution and has been prosecuting investigations along her special line of work. This woman has been utilized, to some extent, in social service work.

The more intensive study of the various institution problems will add considerably to the numbers of special workers who will be required in various lines and will materially increase the expense of administration. It is work, however, which must be done if we are to cope properly with the situation.

For more than a year the institution was entirely without restraint or seclusion. Recently, in two instances, it has seemed necessary to break this record. Nonrestraint neces-

sarily implies a greater ratio of nurses and more intensive attention to excitable cases, not only to give these individuals proper care but to protect quiet and inoffensive patients from the assaults of the excited and deluded. The general result has been good, though there have been more acts of petty violence and a greater destruction of property. I should oppose a return to any general use of restraint or seclusion.

The assignment of female nurses for service in certain male wards has given very gratifying results. In every instance the welfare of the patients has been promoted and the general quality of the nursing service improved. A more active oversight and personal study of cases has resulted. This has made it possible in many instances to ward off excitement and violence, and to care for certain individuals on the infirmary wards who would otherwise have of necessity been classified with the disturbed and turbulent. An extension of this nursing service is to be desired.

There is a class of patients in our wards whose presence there has a very disturbing influence and for whom some other provision should be made at an early date. I refer to the so-called defective delinquents. Many of these patients are not suffering from an active psychosis but are of defective inheritance and seem utterly unable to conform, for any length of time, to the requirements and usages of society outside, so that their residence in the community cannot be endured. They require institutional care of some kind. The proper handling of these cases is a very serious problem. Many of these persons are of a fairly high degree of intelligence and capable of becoming partly, or in some instances wholly, self-supporting, if placed in the proper environment. Experiments in boarding out in families have met with only a limited degree of success. These persons in the wards of an insane hospital react unfavorably on the other patients, annoying, provoking excitement and often violence. They could well be cared for in farm colonies, perhaps connected with some department of the prisons or industrial schools, or possibly better in separate establishments. Some legislation has already been enacted dealing with these cases, but for reasons which I do not understand the provisions of the act seem inoperative. If the authorized provision does

not afford the proper relief, some modification of the act should be secured so that the defective delinquents could be removed from the wards of our insane hospitals at an early date.

With hospital buildings of this type of construction, built on the block plan and closely associated together, considerable difficulty is often experienced in making a satisfactory classification of acute patients, inasmuch as the institution can in no way limit or regulate the character of the cases admitted, but must receive and care for everyone who comes, up to the limit of capacity. When too closely associated, excitable cases seem sometimes to react upon each other. Still it would seem manifestly unfair to disturb the comfort and welfare of quiet and orderly patients by thrusting upon them excitable and disorderly persons. Then again while as much regard as possible is paid to the associating together of persons of kindred tastes and congenial disposition, quite often the classification has to be made largely in accordance with the behavior of the patient. I should regard all of our large institutions, built on the block plan, as better adapted to the care of chronic and quiet cases than to the treatment of the acutely disturbed. At no very distant date, in my opinion, this community will demand the establishment of a psychopathic unit, the buildings of which can well be erected upon these grounds, but at such distance from the present structure and with such facilities for classification as will obviate much of our present difficulty.

So great has been the difficulty in securing and retaining suitable persons for the ward service that at times during the past year the institution has been seriously embarrassed in its work. Every effort should be made to render the service more attractive. I believe that some small advance should be made in the initial wage and that there should be a more rapid increase of compensation to a more adequate sum in the case of those who prove themselves competent and trustworthy. I have long believed that the compensation which the State has given to those caring for the insane has been inadequate. The general conditions of service should be made such as to attract and retain good persons. A substantial increase in the numbers of persons employed is to be recommended in order that a higher standard of care may be given. In making the estimates

for maintenance for the coming year, a request has been made for some increase in the numbers of workers along special lines, but, if there is to be any general and radical increase in the ratio of the nursing force in our institutions, it should be State wide and for this the Legislature must make additional financial provision.

During the year a large amount of general repair has been accomplished in various parts of the institution, but much yet remains to be done. A force of male patients, working under a special man, has aided greatly in the work of renovation in the scraping and smoothing of floors. Numbers of wards have been painted, adding much to the general cheerfulness of aspect, to say nothing of the improved sanitary conditions.

Good progress is being made on the work authorized by the special appropriations of last year, save in the matter of sewage disposal. While connection of the hospital sewers with those of the city of Worcester has been authorized and the funds granted for the accomplishment of this work, such conditions were imposed that it has not been possible to make even a beginning of this undertaking. No part of this appropriation can be used until the State Board of Health makes a satisfactory report concerning the work of the city of Worcester in the matter of sewage purification in the Blackstone valley. I have no evidence that this report is to be forthcoming on any definite date, and it would seem that the institution must indefinitely postpone any activity in the matter of sewage disposal unless some modification can be secured of the restrictions imposed.

An abundant supply of water is one of the prime necessities of an institution not only for ordinary domestic purposes but for use in the hydrotherapeutic treatment of patients. With the enlargement of the institution, the use of water has steadily increased. The coming year a new building will be opened, equipped with continuous baths, which will still further add to the consumption of water. Under present arrangements the water is purchased from the city of Worcester. The financial burden is already a heavy one and must increase. In my opinion steps should be taken to secure some private source of supply. Exploratory wells have been driven in various parts

of the State property and in only one place has an abundant supply of water been found. This is, unfortunately, near to the present sewage disposal beds. An analysis of this water shows some pollution, probably from this source. With the turning of the hospital sewage into the city sewers, this source of contamination will cease and this water bearing area perhaps could be purified and made available as a source of supply. If this cannot be done properly, I should advise that other active measures be taken for the development of an adequate water supply.

In the last annual report the Legislature was asked for an appropriation to provide for the establishment of a central dining room for patients. This need was recognized by the State Board of Insanity, but the large demands upon the public treasury caused this project to be deferred to another year. Now, again I wish to call your attention to the desirability of making some change that will provide a more efficient and satisfactory service of food. In arranging to present this request again new estimates of cost were obtained to conform to present building conditions. Although no change whatever has been made in the plans, there has been a considerable increase in the estimated cost of construction. I repeat my recommendation of last year that \$100,800 "be asked from the Legislature for the purpose of erecting a two-story and basement building, the basement and first story to be utilized for laundry operations, and the top story for general industrial purposes. This sum would also suffice for the moving of the laundry machinery from its present location to the proposed new building, and the adaptation of the present laundry building for the purposes of a general dining room. These operations are grouped under one request because they are mutually dependent upon each other and can best be carried out together."

Additional accommodations for male patients the coming year will be given by the opening of the Quinby building and the occupancy of Salisbury 4, the new ward provided by the raising of the Salisbury roof. In accordance with the estimate of the State Board of Insanity, the institution will be called upon to care for 99 more patients than were estimated for the past year. The hospital is already crowded in the female de-

partment and greater numbers could not well be cared for there without greatly increasing the difficulties of administration.

With the increased number of patients for the next year will come also the need of additional accommodations for officers and employees. The building operations which are now under way will not make sufficient provision. I recommend that your Board ask the coming Legislature for an appropriation of \$19,000 for the erection and furnishing of two cottages for employees, following the same plan as that used in the building now under construction, each cottage to make provision for 10 employees, the lower floor providing a home for a man and his family.

Provision should also be made so that certain members of the medical staff may have separate houses on the hospital grounds. Such an arrangement would be an additional inducement for good men to take up hospital work and would tend to increase the permanency of the service. For this purpose I recommend that your Board request an appropriation of \$13,800, for the erection and furnishing of two bungalows for the use of officers of the institution.

At the present time the institution is equipped with ordinary ice cooled refrigerators. These suffice only for the immediate needs of the kitchen service, and are not in any way adapted for the long storage of perishable supplies. The experience of other institutions indicates that a substantial saving could be made in the cost of certain articles of food if they could be purchased in large quantities at the time of low prices and placed in cold storage for future use. This cold storage can best be secured by the use of some form of artificial refrigeration. The supplies of groceries and other stores used in the different departments are now scattered in quite a number of different basement rooms. It would seem to be desirable that all of the supplies of the institution should, so far as is practical, be kept in some central place from which issues could be made from time to time in accordance with the various needs. To accomplish these desired changes I recommend that your Board ask for an appropriation of \$50,400 for the erection of a general storehouse and for the purchase and installation of proper apparatus for artificial refrigeration.

The members of the medical staff have given faithful and intelligent service. With the financial inducements which I could offer, I have been unable to keep the members recruited to the full complement. I recommend a substantial increase in compensation and that the numbers on the staff be increased. For several months of the summer two undergraduates of the Johns Hopkins Medical School, Mr. Howard S. Colwell and Mr. Floyd E. Shaffer, gave material assistance to the staff in various ways. The service of these men was very satisfactory. I feel that there is a continued field for undergraduate work.

Staff changes:—

RESIGNATIONS.

Dr. Floyd A. Weed, Dec. 21, 1912.
Dr. S. Carleton Gwynne, Jan. 14, 1913.
Dr. Francis A. Taylor, April 10, 1913.
Dr. J. Abel Thibodeau, Sept. 30, 1913.
Dr. Samuel T. Orton, Oct. 25, 1913.

APPOINTMENTS.

Dr. Francis A. Taylor, Dec. 23, 1912.
Dr. J. Abel Thibodeau, Dec. 28, 1912.
Dr. Mary E. Morse, Jan. 1, 1913.
Dr. Wallace L. Orcutt, Feb. 7, 1913.
Dr. Harold C. Arey, July 15, 1913.
Dr. Roy C. Jackson, Sept. 7, 1913.

The report of the pathologist gives the details of the laboratory work. During the year Dr. Mary E. Morse has been appointed assistant pathologist. Dr. Morse comes to her work with a considerable previous experience and is well equipped to assist in the working out of our laboratory problems. In the latter part of October Dr. Samuel T. Orton resigned his position as clinical director and pathologist to accept a similar position with the Pennsylvania Hospital for the Insane at Philadelphia.

Weekly dances have been held in the chapel. The patients have also been amused and entertained by concerts and shows of various kinds. The Worcester Asylum kindly gave us an evening minstrel show which was greatly enjoyed. Various ward entertainments have been given by patients and nurses.

Religious services have been held by Protestant, Catholic and Hebrew clergymen.

I wish to thank the publishers of the "Worcester Evening Gazette" and the "Fitchburg Sentinel" for copies of their papers. The Worcester Employment Society has also assisted us in sewing. Various friends have contributed books, papers and puzzles.

E. V. SCRIBNER,

Superintendent.

Nov. 30, 1913

LABORATORY REPORT.

To the Superintendent of the Worcester State Hospital.

I herewith submit to you the following report of the clinical and laboratory work of the hospital for the current year.

In my report for the year ending Sept. 30, 1912, there was given an outline plan of the methods proposed for the reorganization of the clinical work. This embraced two main objects: first, a more systematic and thorough method of record; and second, a more co-ordinate plan of study on the part of the medical staff. The first object, that of more thorough record, has been hampered somewhat by lack of a full quota of staff officers at times, but progress has been made, and for this the credit is due to the active interest and energy of the members of our staff. The allotted number of staff officers for regular duty is so small as to have prevented full accomplishment of the plan which aimed at a thorough and comprehensive series of running notes taken at specified intervals during the first six months following the admission of a patient; and in cases of longer residence, a physical examination and urinalysis at least once in six months and a comprehensive note on the mental condition at least once a year in every case. In order to systematize the work of keeping track of these records, and to prevent the overlooking of notes for long periods on chronic cases, a card indexing system has been installed in which record is kept on an individual card of each note submitted to the stenographers. This card is then filed not by name but by the date on which the next examination should be made. By this means lists may be readily made of those cases in which notes or physical examinations are required, and the time such notes or examinations are due, and submitted to the responsible physician.

During the summer months the hospital was fortunate in having the services of Mr. Howard S. Colwell and Mr. Floyd E. Shaffer of the Johns Hopkins Medical School as volunteer

assistants, and their work in the physical examination and note taking on the chronic cases has been of great help in bringing many records up to date.

The morbidity record and wall-board method of graphic registration of the occurrence of infectious diseases has proven of interest in showing a marked difference in the field of occurrence of the dysentery and diarrhœa cases during the winter and summer months. During the winter practically all of the cases occurred in wards in which there were many infirm, bed-ridden patients, but in the summer the spread was more general, and cases occurred not only among those who ate on the wards but from those eating in the employees' dining room and even in the officers' dining room, suggesting strongly an epidemiologic factor of general distribution and not due to faulty sanitation within the wards or in the general kitchen. This factor has not been discovered, but the flies which are still present during the warmer months in considerable numbers must be considered as one of the possibilities.

The clinical staff meetings on five mornings of the week and the literature review on Saturday mornings have been carried out according to the plan outlined in last year's report. The literature review falls to the lot of each member of the staff once a month, and while at such times it appears in the light of a considerable burden, yet it ensures a closer touch with the trend of psychiatric study, and has yielded many interesting discussions and facts of importance in interpreting symptoms or laboratory findings according to the experience of other workers. As reported before, the time allotted to the clinical staff meetings has proved insufficient for the presentation of all new cases or all cases of uncertain diagnosis or especial interest, but practically all cases ready for discharge have been presented, and the majority of other classes.

Evening meetings have been held at the laboratory once a week as formerly.

The work of the laboratory has been carried out along the lines laid down in former reports, — aiming at as wide a general review of all cases as possible and at the same time intensive study of a few of the more interesting ones. To enable the maintenance of this standard, further help was required at the laboratory and Dr. Mary Elizabeth Morse was appointed

assistant pathologist on Jan. 1, 1913. A further addition to the laboratory staff has been made by the employment of a technical assistant, who has charge of the routine urinalysis, sputum examination, and spinal fluid work under the direction of the pathologist and assistant pathologist, thus relieving the staff physicians of the routine work of this type and at the same time insuring a uniformity of method in the tests applied.

The examination of specimens of spinal fluid has been done with considerable thoroughness and is yielding information of great value for purposes of diagnosis. Samples of blood are taken from all new cases, as well as older cases of doubtful diagnosis, for examination by the Wassermann method. This work is done in the serological laboratory of the department of neuropathology of the Harvard Medical School. Our aim is to examine the spinal fluid by routine in every case in which the Wassermann reaction has been found positive in the blood serum, as well as in other cases of especial interest or doubtful diagnosis. A part of the specimen of fluid is sent to the serological laboratory for a Wassermann test while the rest is examined in our own laboratory. This examination includes a cell count, Noguchi butyric acid test for globulin, ammonium sulphate test for albumins, and an examination and differential count of the cell elements by Alzheimer's method. Since the establishment of this routine 148 specimens of spinal fluid have been examined.

The series of papers issued in compliment to Dr. Quinby have all been published and reprints were bound into volume form and are now being distributed.

During the year 56 post-mortem examinations have been performed at the laboratory. These cases classified by the psychiatric diagnoses were as follows:—

Senile psychosis,	20
General paralysis,	12
Dementia præcox,	9
Organic dementia,	6
Huntington's chorea,	2
Manic-depressive insanity,	2
Unclassified,	2
Imbecility,	1
Melancholia,	1
Paranoid condition,	1

The cases classified by the major anatomical diagnoses were:—

Broncho-pneumonia,	13
Œdema of the lungs,	4
Chronic nephritis,	3
Acute colitis,	3
Hypostatic pneumonia,	3
Arteriosclerosis,	3
Septicæmia,	3
Septic decubiti,	2
Cardiorenal,	2
Lobar pneumonia,	2
Aneurysmal dilation of the heart,	2
Pulmonary tuberculosis,	2
Chronic pyelonephritis,	1
Acute cystitis and pyelonephritis,	1
Chronic valvular endocarditis,	1
Carcinoma of ovary,	1
Bilateral pleural effusion,	1
Exhaustion,	1
Rupture of the bladder,	1
Empyema,	1
Cerebral hemorrhage,	1
Encephalomalacia,	1
Papillomata of the bladder,	1
Acute pancreatitis,	1
Septic pneumonia,	1
Subdural hemorrhage,	1

Before the appearance of this report the writer will have resigned his position to accept one — after a short period of study in Germany — as clinical director and pathologist to the Pennsylvania Hospital for the Insane in Philadelphia, and wishes to take this opportunity to express his thanks to the superintendent for the courteous treatment accorded him at all times and to the clinical staff as well as that at the laboratory for their earnest and active co-operation in the work undertaken during four years of connection with the hospital.

SAMUEL T. ORTON, M.D.,

Clinical Director and Pathologist.

PRODUCTS OF THE FARM.

ON HAND DEC. 1, 1913, AND NOT DELIVERED AT THE HOSPITAL.

Apples, barrels,	232	Mangel-wurzels, bushels,	400
Beets, bushels,	400	Onions, bushels,	710
Cabbage, tons,	13	Parsnips, bushels,	370
Carrots, bushels,	500	Pumpkins, pounds,	1,200
Cauliflower, bushels,	8	Salsify, bushels,	8
Celery, boxes,	300	Squash, winter, tons,	10
Citron, pounds,	2,200	Turnips, barrels,	320
Cucumbers, pickle, pecks,	320		

FARM ACCOUNT.

DR.

Blacksmith and supplies,	\$261 54
Bread,	426 58
Butter,	1,173 88
Carriage and wagon repairs,	50 30
Clothing,	404 98
Current expenses,	1,081 67
Fertilizer,	474 45
Fish,	228 61
Fuel,	1,207 69
Furnishings,	506 66
Groceries,	2,543 36
Harness and repairs,	188 57
Hay, grain, etc.,	13,269 12
Ice,	233 76
Live stock: —	
Calf, bull,	5 00
Chickens,	42 00
Meat,	2,400 13
Milk,	1,830 91
Repairs,	226 86

Amount carried forward, \$26,556 07

VALUATION OF PERSONAL ESTATE.

Food,	\$13,232 10
Clothing,	10,944 87
Furnishings,	83,515 69
Heat, light and power,	3,943 42
Repairs and improvements,	6,609 76
Farm, stable and grounds,	45,167 36
Miscellaneous,	12,260 58
	<hr/>
Total,	\$175,673 78

Payments.

To treasury of Commonwealth, institution receipts,	\$65,130 52
Maintenance appropriations:—	
Balance November schedule, 1912,	\$16,815 36
Eleven months' schedules, 1913,	300,330 82
November advances,	12,649 32
	<hr/>
	329,795 50
Special appropriations:—	
Approved schedules,	66,306 11
Industries fund:—	
Approved schedules,	62 82
Balance Nov. 30, 1913:—	
In bank,	\$4,834 25
In office,	2,516 43
	<hr/>
	7,350 68
Total,	<hr/>
	\$468,645 63

MAINTENANCE.

Appropriation,	\$335,250 00
Expenses (as analyzed below),	335,249 15
	<hr/>
Balance reverting to treasury of Commonwealth,	\$0 85

Analysis of Expenses.

Salaries, wages and labor:—	
Superintendent, Dr. Ernest V. Scribner,	\$3,000 00
General administration,	32,906 82
Medical service,	15,636 06
Ward service (male),	26,198 15
Ward service (female),	27,916 02
Repairs and improvements,	17,155 77
Farm, stable and grounds,	16,660 41
	<hr/>
	\$139,473 23
Food:—	
Butter,	\$16,794 65
Beans,	1,579 38
Bread and crackers,	347 48
Cereals, rice, meal, etc.,	1,649 27
Cheese,	1,176 39
Eggs,	5,636 61
Flour,	8,686 87
Fish,	3,893 24
Fruit (dried and fresh),	3,257 47
Lard,	1,402 16
Meats,	25,765 14
Milk,	1,135 00
Molasses and syrup,	500 46
Spices, seasonings, salt, etc.,	639 83
Sugar,	6,699 06
Tea, coffee, broma and cocoa,	1,898 80
Vegetables,	5,764 76
Yeast,	68 68
Sundries,	347 08
	<hr/>
	87,242 33
Amount carried forward,	<hr/>
	\$226,715 56

Amount brought forward, \$226,715 56

Clothing and materials: —

Boots, shoes and rubbers,	\$1,676 82
Clothing,	3,621 72
Dry goods for clothing and small wares,	1,997 99
Furnishing goods,	338 06
Hats and caps,	154 20
Leather and shoe findings,	71 08
Materials and machinery for manufacturing,	46 89
Sundries,	69 18

7,975 94

Furnishings: —

Beds, bedding, table linen, etc.,	\$8,597 12
Brushes, brooms,	110 78
Carpets, rugs, etc.,	261 15
Crockery, glassware, cutlery, etc.,	1,533 50
Furniture and upholstery,	1,088 65
Kitchen furnishings,	457 63
Materials and machinery for manufacturing,	439 78
Wooden ware, buckets, pails, etc.,	72 18
Sundries,	1,354 75

13,915 54

Heat, light and power: —

Coal,	\$27,030 65
Gas,	404 50
Oil,	245 47
Sundries,	146 13

27,826 75

Repairs and improvements: —

Brick,	\$112 00
Cement, lime and plaster,	817 77
Doors, sashes, etc.,	115 44
Electrical work and supplies,	922 15
Hardware,	1,315 64
Lumber,	2,433 89
Machines (detached),	1,878 49
Paints, oil, glass, etc.,	3,593 17
Plumbing, steam fitting and supplies,	2,097 54
Roofing and materials,	66 15
Sundries,	2,341 46

15,693 70

Farm, stable and grounds: —

Blacksmith and supplies,	\$495 02
Carriages, wagons, etc., and repairs,	3,231 74
Fertilizers, vines, seeds, etc.,	903 51
Hay, grain, etc.,	12,459 31
Harnesses and repairs,	215 31
Other live stock,	47 00
Rent,	216 70
Tools, farm machines, etc.,	471 92
Sundries,	1,019 76

19,060 27

Miscellaneous: —

Books, periodicals, etc.,	\$705 98
Entertainments,	169 10

Amounts carried forward, \$875 08 \$311,187 76

Amounts brought forward, \$875 08 \$311,187 76

Miscellaneous — *Con.*

Freight, expressage and transportation,	1,280 30	
Funeral expenses,	255 00	
Gratuities,	48 45	
Hose, etc.,	48 76	
Ice,	321 49	
Medicines and hospital supplies,	3,954 76	
Medical attendance, nurses, etc. (extra),	419 15	
Postage,	725 00	
Printing and printing supplies,	547 97	
Printing annual report,	195 01	
Religious services,	1,156 10	
Return of runaways,	448 23	
Soap and laundry supplies,	1,886 52	
Stationery and office supplies,	939 62	
Travel and expenses (officials),	603 41	
Telephone and telegraph,	769 75	
Tobacco,	1,712 46	
Water,	5,949 11	
Sundries,	1,925 22	
		24,061 39
Total expenses for maintenance,		\$335,249 15

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1912,	\$65,972 24
Appropriations for fiscal year,	29,075 00
Total,	\$95,047 24
Expended during the year (see statement annexed),	66,306 11
Balance Nov. 30, 1913,	\$28,741 13

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$7,350 68
November cash vouchers (paid from advance money), account of maintenance,	12,649 32
Due from treasury of Commonwealth account of November, 1913, schedule,	14,918 33
	\$34,918 33

Liabilities.

Schedule of November bills,	\$34,918 33
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PER CAPITA.

During the year the average number of inmates has been 1,351.87

Total cost for maintenance, \$335,249.15.

Equal to a weekly per capita cost of \$4.75 +.

Receipts from sales, \$2,034.01.

Equal to a weekly per capita of \$0.0288.

All other institution receipts, \$63,096.51.

Equal to a weekly per capita of \$0.8951.

INDUSTRIES FUND.

Balance Dec. 1, 1912,	. . . . .	\$300 00
Receipts credited,	. . . . .	—
		<hr/>
		\$300 00

Expenditures, approved schedules (see statement annexed),	. . . . .	\$62 82
Balance Nov. 30, 1913, reverting to treasury of Commonwealth,	237 18
		<hr/>
		\$300 00

INDUSTRIES.

Expenditures.

Materials:—

Leather,	\$62 82
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Special Appropriations.

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Expended to Date.	Balance at End of Year.
Accommodations for 100 male patients, . . .	Acts 1912, chap. 129	\$84,000 00	\$53,616 03	\$79,893 79	\$4,106 21
Salisbury wards, . . .	Acts 1912, chap. 129	10,000 00	3,839 51	9,789 51	210 49
Two elevators, . . .	Acts 1912, chap. 129	4,200 00	3,650 00	3,650 00	550 00
Cottage for employees, . . .	Res. 1913, chap. 133	8,975 00	2,306 38	2,306 38	6,668 62
Finishing attic, . . .	Res. 1913, chap. 133	8,000 00	1,905 67	1,905 67	6,094 33
Alterations of farmhouse, . . .	Res. 1913, chap. 133	4,600 00	988 52	988 52	3,611 48
Sewerage, . . .	Res. 1913, chap. 133	7,500 00	—	—	7,500 00
		\$127,275 00	\$66,306 11	\$98,533 87	\$28,741 13

Respectfully submitted,

E. V. SCRIBNER,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

WARREN A. MERRILL,

Assistant Supervisor of Accounts.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand Nov. 30, 1912,	\$4,325 46	
Receipts,	4,102 42	
Interest on bank balance,	159 80	
		\$8,587 68
Interest paid to State Treasurer,	\$159 80	
Refunded,	3,813 22	
		3,973 02
		<u>\$4,614 66</u>

Investment.

Worcester County Institution for Savings, . .	\$2,000 00	
Worcester Five Cents Savings Bank,	1,000 00	
Balance Worcester National Bank,	1,266 11	
Cash on hand Dec. 1, 1913,	348 55	
		\$4,614 66

LEWIS FUND.

Balance on hand Nov. 30, 1912,	\$1,534 23	
Income,	58 93	
		\$1,593 16
Expended for books and vault rent,		84 30
		<u>\$1,508 86</u>

Investment.

American Telephone and Telegraph Company bond,	\$926 36	
Worcester County Institution for Savings, . .	349 44	
Balance Worcester National Bank,	233 06	
		\$1,508 86

WHEELER FUND.

Balance on hand Nov. 30, 1912,	\$5,381 42	
Income,	254 27	
		\$5,635 69
Expended for books,		279 38
		<u>\$5,356 31</u>

Investment.

6 shares Worcester National Bank,	\$1,002 00
American Telephone and Telegraph Company bond,	712 50
Worcester County Institution for Savings,	1,632 00
Worcester Five Cents Savings Bank,	1,753 85
Mechanics Savings Bank,	173 58
Balance Worcester National Bank,	82 38
	<hr/>
	\$5,356 31

LAWN FUND.

Balance on hand Nov. 30, 1912,	\$452 70
Income,	18 26
	<hr/>
	\$470 96

Investment.

Mechanics Savings Bank,	\$470 96
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MANSON FUND.

Balance on hand Nov. 30, 1912,	\$1,627 83
Income,	65 74
	<hr/>
	\$1,693 57
Expended for entertainments,	57 00
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	\$1,636 57

Investment.

Worcester County Institution for Savings,	\$1,636 57
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Respectfully submitted,

E. V. SCRIBNER,

Treasurer of the Corporation.

Nov. 30, 1913.

WORCESTER, MASS., Dec. 5, 1913.

I hereby certify that I have this day compared the treasurer's statement of funds for the year ending Nov. 30, 1913, with the books kept at the Worcester State Hospital, and find it correct. I have also inspected the securities representing the investments and find their value is as stated.

GEORGE L. CLARK,

Auditor of Accounts.

STATISTICAL TABLES.

[FORM PRESCRIBED BY STATE BOARD OF INSANITY.]



1. — General Statistics of the Year.

[illegible]

1. — General Statistics of the Year — Concluded.

	INSANE.			TEMPORARY CARE.			INEBRIATES.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients remaining Sept. 30, 1913,	657	663	1,320	2	—	2	—	—	8	659	671	1,330
Viz.: regularly committed,	656	663	1,319	—	—	—	—	—	8	656	671	1,327
emergency,	—	—	—	—	—	—	—	—	—	—	—	—
voluntary,	1	—	1	—	—	—	—	—	—	1	—	1
temporary care,	—	—	—	2	—	2	—	—	—	2	—	2
supported as State patients,	564	511	1,075	2	—	2	—	—	8	566	519	1,085
as reimbursing patients,	47	67	114	—	—	—	—	—	—	47	67	114
Number of different patients,	46	85	131	—	—	—	—	—	—	46	85	131
Number of different persons within the year,	964	931	1,895	12	3	15	—	—	16	979	950	1,926
Number of different persons admitted,	333	271	604	11	3	14	—	—	12	344	286	630
Number of different persons admitted from the community,	312	253	565	11	3	14	—	—	12	323	268	591
Number of different persons dismissed,	310	271	581	10	3	13	—	—	8	320	282	602
Number of different persons dismissed to the community,	279	227	506	10	3	13	—	—	8	289	238	527
Number of different persons recovered,	37	34	71	—	—	—	—	—	—	39	35	74
Number of different persons capable of self-support,	39	28	67	—	1	1	—	—	—	39	29	68
Daily average number of patients,	658.60	680.25	1,338.85	1.39	.29	1.68	—	—	6.22	659.99	686.76	1,346.75
Viz.: State patients,	563.78	514.43	1,078.21	1.39	.29	1.68	—	—	6.22	565.17	520.94	1,086.11
reimbursing patients,	44.63	77.30	121.93	—	—	—	—	—	—	44.63	77.30	121.93
private patients,	50.19	88.52	138.71	—	—	—	—	—	—	50.19	88.52	138.71
Whole number of emergency admissions,	—	—	—	—	—	—	—	—	—	1	1	2
Whole number of voluntary admissions,	—	—	—	—	—	—	—	—	—	2	4	6
Daily average number of voluntary patients,	—	—	—	—	—	—	—	—	—	.96	1.14	2.10
Whole number of temporary care patients,	—	—	—	—	—	—	—	—	—	34	16	50
Daily average number of temporary care patients,	—	—	—	—	—	—	—	—	—	1.76	.47	2.23

2. — *Insane received on First and Subsequent Commitment.*

NUMBER OF THE COMMITMENT.	CASES COMMITTED.		
	Males.	Females.	Totals.
First to this hospital,	290	225	515
Second to this hospital,	14	16	30
Third to this hospital,	7	6	13
Fourth to this hospital,	2	2	4
Sixth to this hospital,	1	1	2
Eighth to this hospital,	—	1	1
Ninth to this hospital,	—	2	2
Tenth to this hospital,	—	1	1
Total cases,	314	254	568
Total persons,	312	252	564
Never before in any hospital for the insane,	260	201	461

3. — *Nativity and Parentage of Insane Persons first admitted to Any Hospital.*

PLACES OF NATIVITY.	MALES.			FEMALES.			TOTALS.		
	Patient.	Father.	Mother.	Patient.	Father.	Mother.	Patient.	Father.	Mother.
Massachusetts,	85	24	33	67	21	20	152	45	53
Other New England States,	25	21	16	19	16	16	44	37	32
Other States,	14	8	10	10	7	8	24	15	18
Total native,	124	53	59	96	44	44	220	97	103
Other countries: —									
Armenia,	1	1	1	—	—	—	1	1	1
Austria,	2	2	2	1	1	1	3	3	3
Belgium,	—	—	—	1	1	1	1	1	1
Canada,	24	32	31	12	23	24	36	55	55
China,	1	1	1	—	—	—	1	1	1
Denmark,	—	—	—	1	1	1	1	1	1
England,	9	15	12	8	8	11	17	23	23
Finland,	6	6	6	3	3	3	9	9	9
France,	—	1	1	1	2	1	1	3	2
Germany,	2	4	4	2	4	2	4	8	6
Greece,	2	2	2	1	1	1	3	3	3
Holland,	—	—	—	2	2	2	2	2	2
Hungary,	1	1	1	—	—	—	1	1	1
Indies, East,	1	—	—	—	—	—	1	—	—
Indies, West,	2	2	2	1	—	1	3	2	3
Ireland,	37	67	65	41	71	71	78	138	136
Italy,	10	12	12	1	1	1	11	13	13
Lithuania,	2	2	2	1	1	1	3	3	3
New Brunswick,	2	2	2	3	2	2	5	4	4
Newfoundland,	—	—	—	1	1	2	1	1	2
Norway,	3	4	3	—	—	—	3	4	3
Nova Scotia,	2	2	4	6	4	3	8	6	7
Poland,	1	1	1	1	1	1	2	2	2
Prince Edward Island,	—	1	—	—	—	—	—	1	—
Russia,	16	16	16	7	7	7	23	23	23
Scotland,	2	3	3	3	2	4	5	5	7
Sweden,	3	3	3	8	9	9	11	12	12
Syria,	1	1	1	—	—	—	1	1	1
Turkey,	4	4	4	—	—	—	4	4	4
Total foreign,	134	185	179	105	145	149	239	330	328
Unknown,	2	22	22	—	12	8	2	34	30
Totals,	260	260	260	201	201	201	461	461	461

4. — Residence of Insane Persons admitted from the Community.

PLACES.	FIRST ADMITTED TO ANY HOSPITAL.			OTHER ADMISSIONS.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Massachusetts (by counties): —									
Middlesex,	90	80	170	19	18	37	109	98	207
Norfolk,	4	3	7	1	—	1	5	3	8
Suffolk,	29	26	55	16	8	24	45	34	79
Worcester,	137	92	229	16	26	42	153	118	271
Totals,	260	201	461	52	52	104	312	253	565
Cities or large towns (10,000 or over),	218	171	389	47	42	89	265	213	478
Country districts (under 10,000), .	42	30	72	5	10	15	47	40	87

5. — Civil Condition of Insane Persons first admitted to Any Hospital.

	Males.	Females.	Totals.
Unmarried,	118	77	195
Married,	112	81	193
Widowed,	25	39	64
Divorced,	4	4	8
Totals,	259	201	460
Unknown,	1	—	1
Totals,	260	201	461

6. — *Occupation of Insane Persons first admitted to Any Hospital.*

FEMALES.

Bookkeeper,	1	Proofreader,	1
Cashier,	1	Seamstresses,	2
Clerk,	1	Tailoress,	1
Cook,	1	Teachers,	4
Domestics,	29	Waitresses,	3
Dressmakers,	3	No occupation,	46
Housekeepers,	25		—
Housewives,	50	Total,	200
Laundress,	1	Unknown,	1
Milliner,	1		—
Nurses,	2	Total,	201
Operatives,	28		

MALES.

Agent,	1	Florist,	1
Bakers,	2	Foreman,	1
Blacksmiths,	2	Gardeners,	4
Boarding-house keeper,	1	Gasfitter,	1
Bookkeeper,	1	Janitor,	1
Brakeman,	1	Jeweler,	1
Butchers,	2	Laborers,	73
Carpenters,	4	Laundryman,	1
Chauffeur,	1	Machinists,	12
Clerks,	7	Masons,	5
Collector,	1	Mechanics,	2
Commission dealer,	1	Molders,	3
Dentist,	1	Operatives,	47
Electrician,	1	Painter,	1
Engineers,	3	Pedlers,	2
Expressman,	1	Plumber,	1
Farmers,	11	Policeman,	1

6. — *Occupation of Insane Persons first admitted to Any Hospital — Concluded.*

MALES — *Concluded.*

Polisher,	1	Teamsters,	5
Porters,	2	Teachers,	2
Printers,	2	Upholsterer,	1
Roofer,	1	Waiter,	1
Seamen,	2	No occupation,	26
Soldier,	1		—
Stableman,	1	Total,	252
Storekeepers,	5	Unknown,	8
Student,	1		—
Tailors,	3	Total,	260

7. — *Ages of Insane at First Attack, Admission and Death.*

AGES.	FIRST ADMITTED TO ANY HOSPITAL.				DIED.			
	AT FIRST ATTACK.		WHEN ADMITTED.		AT FIRST ATTACK.		AT TIME OF DEATH.	
	Males.	Females.	Totals.		Males.	Females.	Totals.	
Congenital,	12	7	19	-	2	1	3	-
15 years and less,	4	3	7	1	-	-	-	-
From 15 to 20 years,	10	9	19	12	-	-	-	-
20 to 25 years,	31	23	54	28	3	1	4	1
25 to 30 years,	23	19	42	27	3	3	6	1
30 to 35 years,	26	22	48	28	7	4	11	1
35 to 40 years,	24	24	48	27	8	9	17	9
40 to 50 years,	36	30	66	49	15	22	37	12
50 to 60 years,	28	15	43	33	10	14	24	32
60 to 70 years,	17	16	33	23	16	15	31	35
70 to 80 years,	14	15	29	22	15	10	25	38
Over 80 years,	4	5	9	10	5	5	10	33
Totals,	229	188	417	259	84	84	168	22
Unknown,	31	10	41	1	13	2	15	183
Not insane,	-	3	3	-	-	-	-	-
Totals,	260	201	461	260	97	86	183	-
Mean known ages (in years),	40.21	40.96	40.55	43.59	68.88	52.93	60.85	59.17

8. — Probable Causes of Mental Disease in Persons first admitted to Any Hospital.

EXCITING CAUSES.	ADMITTED.			PREDISPOSING CAUSES.					
	Males.	Females.	Totals.	HEREDITARY TENDENCY.		NEUROTIC TENDENCY.		ALCOHOLIC TENDENCY.	
				Males.	Females.	Totals.	Males.	Females.	Totals.
<i>Physical.</i>									
Adolescence,	18	3	21	2	1	3	3	—	—
Alcohol,	44	10	54	11	2	13	5	10	14
Arteriosclerosis,	16	10	26	—	1	1	—	—	—
Cerebral hemorrhage,	5	2	7	—	—	—	—	—	—
Cerebral hemorrhage and arteriosclerosis,	1	—	1	—	—	—	—	—	—
Congenital,	3	5	8	—	—	—	—	—	—
Constitutional predisposition,	17	11	28	5	4	9	10	1	8
Constitutional predisposition and adolescence,	2	—	2	—	—	—	—	—	—
Epilepsy,	1	—	1	—	—	—	—	—	—
Gross brain lesion,	1	1	2	—	—	—	—	—	—
Heredity,	25	24	49	25	24	49	16	1	1
Ill health,	3	5	8	1	1	2	—	—	—
Involution,	—	2	2	—	1	1	—	—	—
Lactation,	—	2	2	—	—	—	—	—	—
Morphine, cocaine and opium,	2	—	2	1	—	1	1	—	—
Overwork,	1	1	2	—	—	—	—	—	—
Puerperium,	—	6	6	—	—	—	—	—	—
Senility,	19	26	45	1	—	1	—	—	—
Senility and arteriosclerosis,	10	7	17	—	—	—	—	—	—
Syphilis,	40	13	53	1	—	1	4	1	3
Trauma,	7	1	8	—	—	—	6	1	6

9. — *Probable Duration of Mental Disease before Admission.*

PREVIOUS DURATION.	FIRST ADMITTED TO ANY HOSPITAL.		
	Males.	Females.	Totals.
Congenital,	12	7	19
Under 1 month,	61	23	84
From 1 to 3 months,	37	27	64
3 to 6 months,	28	20	48
6 to 12 months,	18	16	34
1 to 2 years,	10	25	35
2 to 5 years,	31	42	73
5 to 10 years,	19	18	37
10 to 20 years,	9	7	16
Over 20 years,	4	3	7
Totals,	229	188	417
Unknown,	31	10	41
Not insane,	—	3	3
Totals,	260	201	461
Average known duration (in years), .	3.68	3.43	3.57

10. — *Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died.*

FORM OF DISEASE.	COMMITTED.			DISCHARGED.												TOTAL DIS-CHARGES AND DEATHS.		
				RECOVERED.		CAPABLE OF SELF-SUPPORT.		IMPROVED.		NOT IMPROVED.		NOT INSANE.		DEATHS.		M.	F.	T.
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
A. — First admitted to any hospital: —																		
Acute hallucinosis,	3	3	6	—	2	2	1	—	1	—	—	—	—	—	—	1	2	3
Alcoholic insanity, acute: —																		
Alcoholic depression,	1	2	3	1	—	1	1	—	1	—	—	—	—	—	—	1	1	2
Alcoholic hallucinosis,	35	4	39	15	—	15	—	—	—	—	—	—	—	—	—	15	—	15
Delirium tremens,	2	—	2	3	—	3	—	—	—	—	—	—	—	—	—	3	—	3
Alcoholic insanity, chronic: —																		
Alcoholic deterioration,	4	1	5	—	—	—	—	1	1	2	—	—	—	—	—	2	2	4
Alcoholic hallucinosis,	3	—	3	—	—	—	1	1	1	—	—	—	—	—	—	1	—	1
Alcoholic paranoid condition,	6	4	10	—	—	—	3	3	3	1	—	—	—	—	—	2	5	7
Polynuritic psychosis,	4	4	8	—	—	—	3	3	3	4	—	—	—	—	—	1	1	2
Constitutional inferiority,	7	5	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Delirium, acute,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	5	9	14
Dementia praecox,	76	81	157	—	—	—	14	11	25	6	2	8	—	—	—	1	—	1
Dementia praecox, allied to,	—	3	3	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Epileptic insanity,	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis of the insane,	25	10	35	—	—	—	1	—	1	3	1	4	—	—	—	23	9	32
Huntington's chorea,	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Hysterical insanity,	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Imbecility,	5	4	9	—	—	—	—	1	1	—	—	—	—	—	—	1	2	3
Manic-depressive insanity: —																		
Depressed form,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic form,	10	13	23	3	8	11	1	1	2	2	1	3	—	—	—	8	13	21
Manic-depressive insanity, allied to,	5	4	9	1	4	5	—	—	—	1	1	2	—	—	—	4	6	10
Organic dementia,	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Paranoid condition,	19	20	39	—	—	—	—	—	—	2	—	2	—	—	—	15	13	28
Paranoid condition, senile,	2	2	4	—	—	—	—	—	—	—	1	1	—	—	—	2	2	4
Senile dementia,	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
Toxic insanity, acute: —	40	27	67	—	—	—	—	—	—	1	2	—	—	—	—	31	29	60
Delirium,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Delirium,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Delirium,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drug psychosis,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	1	4	—
Traumatic psychosis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic insanity,	5	1	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unclassified,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Not insane,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals,	280	201	481	28	22	50	23	22	45	20	11	31	29	22	51	—	187	154

10. — *Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died — Concluded.*

FORM OF DISEASE.	COMMITTED.			DISCHARGED.												TOTAL DISCHARGES AND DEATHS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.						DEATHS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				M.	F.	T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
B.— Other admissions: —																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														</

11. — Discharges of the Insane, classified by Admission and Result.

NUMBER OF THE ADMISSION.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DIED.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First to this hospital, . . .	31	24	55	27	24	51	22	11	33	31	26	57	-	3	3	92	79	171	203	167	370
Second to this hospital, . .	5	4	9	10	2	12	4	1	5	3	1	4	-	-	-	4	2	6	26	10	36
Third to this hospital, . . .	-	2	2	1	1	2	-	-	-	2	-	2	-	-	-	1	3	4	4	6	10
Fourth to this hospital, . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Fifth to this hospital, . . .	2	-	2	1	-	1	-	3	3	1	-	-	-	-	-	-	1	1	3	4	7
Sixth to this hospital, . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1
Seventh to this hospital, . .	-	1	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	1	2
Eighth to this hospital, . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Ninth to this hospital, . . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Twelfth to this hospital, . .	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Total cases,	33	34	72	39	28	67	27	15	42	36	27	63	-	3	3	97	86	183	237	193	430
Total persons,	37	34	71	39	28	67	27	15	42	36	27	63	-	3	3	97	86	183	236	193	429
First admitted to any hospital,	29	22	51	23	22	45	20	11	31	29	22	51	-	3	3	87	74	161	188	154	342

[illegible]

13. — Duration of Mental Disease and its Treatment in Patients who recovered or died.

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.						ALL OTHER ADMISSIONS.					
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A. — Recovered: —												
Under 1 month,	17	12	29	8	1	9	5	1	6	—	—	—
From 1 to 3 months,	9	3	12	12	10	22	11	6	17	—	—	—
3 to 6 months,	2	4	6	2	3	5	5	4	9	—	1	1
6 to 12 months,	—	2	2	6	1	7	6	6	12	—	3	3
1 to 2 years,	—	1	1	1	6	7	1	4	5	4	1	5
2 to 5 years,	1	—	1	—	1	1	1	1	2	2	4	6
5 to 10 years,	—	—	—	—	—	—	—	—	—	1	2	3
10 to 20 years,	—	—	—	—	—	—	—	—	—	1	1	2
Over 20 years,	—	—	—	—	—	—	—	—	—	—	—	—
Totals,	29	22	51	29	22	51	29	22	51	8	12	20
Unknown,	—	—	—	—	—	—	—	—	—	—	—	—
Totals,	29	22	51	29	22	51	29	22	51	8	12	20
Average of known cases (in months),	2.00	2.05	2.02	3.45	8.35	5.57	5.52	10.05	7.47	40.03	46.84	44.11
										20.45	31.60	27.10

B. — Died: —

Under 1 month,	7	—	7	22	12	34	1	—	—	—	—	1	1	1	2
From 1 to 3 months,	9	13	22	15	10	25	4	5	—	—	—	9	1	1	1
3 to 6 months,	12	3	15	7	12	19	7	1	—	—	—	8	1	—	2
6 to 12 months,	7	8	15	5	11	16	7	7	—	—	—	14	1	1	2
1 to 2 years,	8	14	22	18	8	26	12	13	—	—	—	25	2	2	4
2 to 5 years,	10	20	30	16	10	26	17	23	—	—	—	40	—	—	2
5 to 10 years,	9	6	15	2	9	11	12	10	—	—	—	22	2	2	2
10 to 20 years,	—	6	6	2	2	4	2	9	—	—	—	11	3	1	3
Over 20 years,	3	1	4	—	—	—	3	3	—	—	—	6	3	2	2
Totals,	65	71	136	87	74	161	65	71	10	12	22	136	10	12	22
Unknown,	22	3	25	—	—	—	22	3	—	—	—	25	—	—	—
Totals,	87	74	161	87	74	161	87	74	10	12	22	161	10	12	22
Average of known cases (in months),	42.32	40.61	41.43	17.00	25.75	21.03	61.75	67.34	193.42	190.56	191.99	65.33	132.93	134.05	133.49

